

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/521492

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6		0				
7		0				
8		0				
9		0				
10	1					
11		1				
12	1					
13		1				
14			1			
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TOTAL IND.	3	5	2	5		5
TOTAL DEP.	11	4	10	4		4
TOTAL CLAIMS	14		12			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		5		5		5
TOTAL DEP.		4		4		4
TOTAL CLAIMS						